

years. The data bases used were PubMed/MEDLINE and EMBASE. Also, Spanish magazines not indexed in MEDLINE were reviewed. A review about growth of cost-utility published studies and other about threshold of the health technology in Spain, both were included too. Abstracts of Medtronic therapies and other health technology and devices enterprises were reviewed. Costs were in euros of the year 2007. **RESULTS:** Thirty-one studies with cost/QALY ratio were identified, 22 of drug therapies and 8 of diagnostic and therapeutic devices. Cost/QALY ratio of drug therapies oscillated between –€25.937 (Dasatinib in patients resistant to imatinib in myeloid leukemia) and €72,583 (Pneumococcal vaccine vs. no vaccine in patients 5–24 years). In diagnostic and therapeutic devices cost/QALY ratio was between –€30,664 (DES vs. BMS) and €34.389 (Sub-thalamus stimulation vs. conventional medical therapy in advanced Parkinson). **CONCLUSIONS:** In the reviewed studies, diagnostic and therapeutic devices were cost-effective with a cost per QALY relation under or near the efficiency threshold usually accepted in Spain. This relation in some cases was lower than drug therapies used in the usual clinical practice.

HEALTH CARE USE & POLICY STUDIES— Equity and Access

PHPI9

REGIONAL MARKET ACCESS INEQUALITIES FOR NEW ONCOLOGY DRUGS IN SPAIN

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OBJECTIVES: To determine if there are regional market access inequalities for innovative antineoplastic and immunomodulatory drugs (AID) in Spain. **METHODS:** All new AIDs introduced in Spain were identified between 2002 and 2007. AID units adjusted by population and region were analyzed by means of the IMS Health Databases: EMF, EMH, and EMHEMF. The time horizon considered was 12 months prior to September 2007 (MAT 09/07). Regions were the minimal geographic unit allowed by the databases in order to ensure the representativeness of the data (I: Aragon, Catalonia, Balearic Islands; II: Valencia, Murcia; III: Andalusia, Canary Islands; IV: Castile la Mancha, Extremadura, Madrid; V: Asturias, Castile-Leon, Galicia, Navarra, Basque Country, La Rioja, Cantabria). **RESULTS:** In Spain, between January 2002 and October 2007, 16 AIDs were approved. For methodological limitations only ten drugs were analyzed: three hospital diagnostic (HD) (imatinib, erlotinib y sorafenib), six hospital use (H) (alemtuzumab, bortezomib, bevacizumab, cetuximab, ibritumomab and pemetrexed) and 1 medical prescription (fulvestrant). HD drugs showed high variability in units per in-habitant between regions. Erlotinib presented a 27.7% Standard Deviation (SD) between zones, concentrating the 69% in zone I. The 31% was distributed uniformly in the other regions. Imatinib presented a 25% SD, zone I and V covered the 53.6% and 40.3% of the units respectively. Sorafenil presented less geographic variation (SD = 10.1%). Regional differences between hospital drugs were smaller. SD oscillated between 9.8% (bevacizumab) and 5.3% (pemetrexed). Zone II presented the highest market share. When analysing fulvestrant, zones I and V concentrated the 60.9% of the units and the inter-regional SD was 13.6%. **CONCLUSIONS:** There are important regional inequalities in the number of units per in-habitant sold for new AIDs. Zones I and V presented the highest market share whereas in the other zones market access is highly restricted.

PHP20

THE EFFECT OF THE INTRODUCTION OF HOSPITAL DAILY FEE ON THE NUMBER OF ADMISSIONS TO ACUTE CARE HOSPITAL WARDS IN HUNGARY

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OBJECTIVES: On the February 15, 2007 new forms of co-payment were introduced in Hungary: visit fee (300 HUF/visit) in the outpatient care and hospital daily fee (300 HUF/day) in the inpatient care. The aim of this study is to analyze the effect of the introduction of hospital daily fee on the number of inpatient admissions to acute care hospital wards in Hungary. **METHODS:** The data derive from the financial database of the National Health Insurance Fund Administration (OEP) of Hungary covering the period of 2006–2008. We analyzed the number of admissions during a 10 months period before (from March 2006 to January 2007) and after (from March 2007 to January 2008) the introduction of daily fee. Data from February 2007 were omitted. **RESULTS:** During the 10 months period before the introduction of hospital daily fee the total number of admissions was 2,285,011, while during the 10 months period after the introduction of daily fee it decreased to 1,940,880. The average monthly number of admissions was 207,728 before and 176,444 after the introduction of daily fee. This represents a 15.1% decrease in the number of acute care admissions. **CONCLUSIONS:** The introduction of hospital daily fee in the Hungarian inpatient care resulted in a significant decrease of acute inpatient care admissions. However we do not have information whether admissions failed to be realized were really unnecessary or not. Other elements of the health care reforms could have also influenced the number of admissions.

PHP21

THE EFFECT OF THE INTRODUCTION OF VISIT FEE ON THE NUMBER OF PATIENT-VISITS TO OUTPATIENT CARE DEPARTMENTS IN HUNGARY

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OBJECTIVES: On the 15th of February 2007 new forms of co-payment were introduced in Hungary: visit fee (300 HUF/visit) in the outpatient care and hospital daily fee (300 HUF/day) in the inpatient care. The aim of this study is to analyze the effect of the introduction of visit fee on the number of patient-visits to outpatient care departments in Hungary. **METHODS:** The data derive from the financial database of the National Health Insurance Fund Administration (OEP) of Hungary covering the period of 2006–2008. We analyzed the number of patient visits during a 10 months period before (from March 2006 to January 2007) and after (from March 2007 to January 2008) the introduction of visit fee. Data from February 2007 were omitted. **RESULTS:** During the 10 months period before the introduction of visit fee the total number of visits was 64,309,067, while during the 10 months period after the introduction of visit fee it decreased to 51,927,150. The average monthly number of outpatient visits was 5,846,279 before and 4,720,650 after the introduction of visit fee. This represents a 19.3% decrease in the number of outpatient visits. **CONCLUSIONS:** The introduction of visit fee